

# **HAND KNIT SOCKS CLASSES**



**If you can knit, purl, increase and decrease you have all the skills you need to knit a pair of socks! Over three consecutive Wednesday's you will learn how to knit a simple sock and how to recreate it. Class includes basic pattern reading skills; as well as, a basic sock pattern.**

**When:** (Choose 1 Session)

Wednesday's, October 10<sup>th</sup>, 17<sup>th</sup> & 24<sup>th</sup>, 2012  
Wednesday's, November 7<sup>th</sup>, 14<sup>th</sup>, & 21<sup>st</sup>, 2012

**Time:** (Choose 1 Time)

1:30pm-3:00pm  
6:00pm-7:30pm

**Cost:**

\$40.00 + SUPPLIES

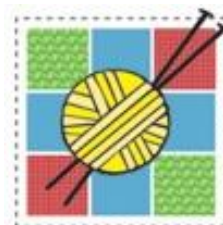
**Where:**

The Crooked Stitch (downtown Rocky Mount)

**Registration Deadline:**

one week prior to beginning of class

*\*Sponsored by the Franklin County Parks and Recreation*



For more information contact Whitney Harmon, instructor,  
at 540-420-7129.

**Franklin County Parks and Recreation**  
**Registration & Liability Waiver Form For**  
**2012 September-December Hand Knit Socks Classes**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**WHICH SESSION:**      **OCTOBER 1:30PM-3PM**      **OR**      **NOVEMBER 1:30PM-3PM**  
**(PLEASE CIRCLE)**      **OCTOBER 6PM-7:30PM**      **OR**      **NOVEMBER 6PM-7:30PM**

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed to be used in any form of publication to promote Franklin County Parks and Recreation.**

**Signature of Participant** \_\_\_\_\_

I have the following physical impairments or medical conditions, including allergic reactions:

\_\_\_\_\_  
Current medications that participant is taking now:  
\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_